

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT		TIME	2. ADDRESS OF OCCURRENCE		3. LOCATION CODE	4. BEAT/OCCUR	5. VIDEO RECORDED INCIDENT		
	27-NOV-2016		23:35:00	4529 W WASHINGTON BLVD CHICAGO, IL 6061		330	1113	<input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO		
	6. POSITION	7. LAST NAME	8. FIRST NAME	9. STAR NO.	10. SEX	11. RACE CODE	12. AGE	13. HT.	14. WT.	
	9161	CALIXTO	MONICA M	13690	<input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	WWH		502	135	
	15. DATE OF APPT.	16. EMPLOYEE NO.	17. UNIT & BEAT OF ASSIGNMENT	18. DUTY STATUS	19. MEMBER INJURED?	20. MEMBER IN UNIFORM?				
	02-FEB-2015		011 1133R	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes	<input type="checkbox"/> 02 No			
	21. LAST NAME	22. FIRST NAME	23. M.I.	24. SEX	25. RACE	26. D.O.B.	27. HT.	28. WT.		
	GRIMES	RICHARD	E	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	18-DEC-1982	504	158		
	29. ADDRESS	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC	32. SUBJECT INJURED BY MEMBER?	33. SUBJECT ALLEGED INJURY BY MEMBER?					
	4655 W ADAMS ST CHICAGO, IL 60644		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
34. IF SUBJECT INJURED, DESCRIBE INJURY				35. WHERE WAS MEDICAL TREATMENT OBTAINED?						
<input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				COOK COUNTY HOSPITAL - STROGER HOSPITAL						
36. BY WHOM?				37. CONDITION	<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
38. CHARGES PLACED				<input type="checkbox"/> DNA	39. CB NO.	40. IR NO.	<input type="checkbox"/> DNA			
SUBJECT INFORMATION <input type="checkbox"/> DNA	40.	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE				
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	
	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	PERCEIVED AS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	
	MEMBER'S RESPONSE	MEMBER PRESENCE	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	
		VERBAL COMMANDS	TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		ESCORT HOLDS	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>	OTHER	
		WRISTLOCK	CANINE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		ARMBAR	TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>						
		PRESSURE SENSITIVE AREAS	TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>						
	CONTROL INSTRUMENT	TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>							
	OC/CHEMICAL WEAPON W/AUTHORIZATION	TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>							
	LRAD WITH AUTHORIZATION	OTHER	<input type="checkbox"/>							
	OTHER		<input type="checkbox"/>							
41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?				
						<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?			45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY?				
<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			<input checked="" type="checkbox"/> 01 Yes	<input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 No	<input checked="" type="checkbox"/> 02 Yes - Subject	<input type="checkbox"/> 03 Yes - Member			
46. WEAPON TYPE			47. INCIDENT OCCURRED	48. LIGHTING CONDITIONS	49. WEATHER CONDITIONS					
<input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	RAIN					
50. MAKE/MANUFACTURER			51. MODEL	52. BARREL LENGTH	53. CALIBER/GAUGE					
GLOCK, INC.-AU-			19	4	9 MM					
54. TASER DART ID NO.		55. WEAPON SERIAL NO. (Include Letters)	56. CHICAGO GUN REG. NO.	57. IL FIREARM OWNER ID. NO.	58. HANDGUN CERTIFICATE NO.					
YCW706		R036390S	93671393							
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	63. TOTAL NO. OF SHOTS MEMBER FIRED					
		Department Issued		1	5					
64. WHO FIRED FIRST SHOT		65. WAS FIREARM RELOADED DURING INCIDENT	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN	68. OTHER (Specify)					
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	<input type="checkbox"/> 03 OTHER (Specify)					
68. HOW WAS MEMBER'S HANDGUN DRAWN		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	70. DID MEMBER USE SIGHTS		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW										
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED							
CONCRETE STAIRS			<input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON			74. POSITION OF MEMBER DISCHARGING WEAPON							
<input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION			<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)							
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CASE INFORMATION

77. NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE
 NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): OEMC CPIC
 NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): OEMC
 Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

1633214329

76. EVENT NO.

SIGNATURES

78. ADDITIONAL INFORMATION
ASSAILANT PRESENTED AND FIRED A HANDGUN AT REPORTING OFFICER.

79. REPORTING MEMBER (Print Name)
CALIXTO, MONICA M
 28-NOV-2016 07:49:05

STAR/EMPLOYEE NO.
13690SIGNATURE


Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name)
BARNETT, THOMAS W

STAR NO.
2102SIGNATURE
DATE REVIEWED TIME
28-NOV-2016 07:57:29

HZ531419

76. RD NO

1083171 1083171
 Attachment 19
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LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL, TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

B1. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is deceased.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information available at this time, the preliminary investigation indicates that the officer's actions were in compliance with Department directives. Further investigation is required under U#16-24.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

B4.1 LIEUTENANT OR ABOVE INCIDENT COMMANDER DETERMINATION

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1083171 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

86. TRR _____ OF _____ TRR(S)

87 DISTRIBUTION OF TRB

IS A PAPER TPR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

2. A COPY OF THE PAYMENT WILL BE FORWARDED

⁵ COMMUNICATED INVESTIGATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

28-NOV-2016 08:02:12

LOG # 1083171 16-24
19
Alluvium